

S. No. 300  
v. 10.48

FILED SEP 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30717

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 392 PRIMARY REG. DIST. NO. 4276 Registrar's No. 47

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pierce City Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pierce City Mo 1550</u>	
c. LENGTH OF STAY (in this place) <u>22 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>18 East Washington 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>18 East Washington</u>			

3. NAME OF DECEASED (Type or Print) <u>HOMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 9 1951</u>				
a. (First)	b. (Middle)	c. (Last)					
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 20, 1884</u>	9. AGE (In years last birthday) <u>66</u>	10. MONTHS <u>11</u>	11. DAYS <u>19</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Purdy Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Robert Siegal Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Alise Wesley</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie M. Davis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-05-6842</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Minnie M. Davis</u>	
				ADDRESS <u>Pierce City Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the digestive organs &amp; Peritonium</u>		DUE TO (b) _____			2 yrs.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			159x
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 3-29-51, 19, to 9-9-51, 19, that I last saw the deceased alive on 9-8-51, 19, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles L. Moore, M.D.</u>		23b. ADDRESS <u>Pierce City Mo</u>		23c. DATE SIGNED <u>9-10-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Sept 10-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Muncie Chalm</u>		24d. LOCATION (City, town, or county) (State) <u>Wheaton Mo</u>	
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DATE REC'D BY LOCAL REG. <u>9-10-51</u>		REGISTRAR'S SIGNATURE <u>John P. Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Ross</u>		ADDRESS <u>Pierce City Mo</u>	
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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED SEP 18 1951

Dist. File 93-1693

Date Filed 9-18-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Edwin P. Welke

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Edwin P. Welke

Licensed Embalmer No. 4131

P. O. Address Pierce City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.